



COLLEGE CODE OR CO/DIST CODE

DATE APPROVED

## COLLEGE/ VO-TECH SCHOOL NAME

FISCAL YEAR JUNE 30 \_\_\_\_\_

I hereby certify that the information reported herein is correct to the best of our knowledge and belief  
Date: \_\_\_\_\_

SEMESTER    ☐ Summer (Year)\_\_\_\_\_    ☐ Fall (Year)\_\_\_\_\_    ☐ Spring (Year)\_\_\_\_\_    ☐ Full Year Program

Student Name (LN, FN and MN or initial)	SSN ( _ _ - _ _ - _ _ )	Cr. Hr /Clock Hr	Tuition	Fees	PELL/ SEOG	Restricted Scholarships	Amt Received for Student	Amt of Overpayment (To be refunded to DESE)	Comment	LS Certificate/ Degree	Fin. Aid Funded
			Total:	Total	Total:	Total:	Total:	Total			
Total Number of Students: _____					Grand Total: \$ _____						

MO 500-2461 (7/04)

[illegible]